

DEPARTMENT OF POLICE
TOWN OF BARRINGTON

RESIDENTIAL ALARM INFORMATION SHEET

Date: _____

Name: _____ DOB _____

Street: _____

Mailing Address: (if
different) _____

Telephone: Home: _____ Work: _____

Alarm Company Installing Equipment

Alarm Company Maintaining Equipment

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Persons To Be Contacted In Case of Emergency

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Type of Alarm System (check all applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Robbery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Perimeter | <input type="checkbox"/> Contacts | <input type="checkbox"/> Mats <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Ultrasonic | <input type="checkbox"/> Microwave | <input type="checkbox"/> Passive Infrared |
| <input type="checkbox"/> Photoelectric | <input type="checkbox"/> Other (specify) | |

Alarm Termination Point (check all applicable)

- ☐ Direct Connect to Strafford Dispatch ☐ Local Audible
☐ Central Station

Name of Central Station _____

Directions to property: _____

